

CLARK COUNTY REQUEST FOR EXTENSION TO FILE A GRIEVANCE FORM

Name of Grievant: Job Title:	Work Phone: Home Phone:
Home Mailing Address:	DATE AND TIME GRIEVANCE SUBMITTED:
	DATE AND TIME RECEIVED <i>(for County use only)</i>
1. Request: I hereby request an extension to the timelines as defined in the Grievance Procedure: <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
2. Extenuating Circumstances: Provide a detailed description of the extenuating circumstances that would necessitate an extension of the grievance filing timelines. <div style="height: 200px;"></div>	
3. Certification By my signature below, I certify that I have read the above complaint and, under penalty of law, I declare that this information is true and correct to my knowledge and belief. Signature of Grievant: _____ Date Signed: _____	
Office of Personnel Review/Decision (if appropriate): <input type="checkbox"/> Request for extension is granted until _____ <input type="checkbox"/> Request for extension is denied <input type="checkbox"/> Information provided is incomplete, additional information is requested	
Signature of Personnel Manager: _____ Date Signed: _____	